



CARE — INTEGRITY — RESPECT — INFLUENCE — COURAGE — INSPIRATION — INNOVATION

NURSING & MIDWIFERY

Our Strategy for Transforming Person-Centred Cultures 2024-2029





Acknowledgement of Country

South Eastern Sydney Local Health District would like to acknowledge the Traditional Custodians on whose land we stand, and the lands of our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

We would like to pay our respects to the Elders past, present and those of the future.



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Foreword



Welcome to **Nursing and Midwifery – Our Strategy for Transforming Person Centred Cultures 2024-2029**

our Nursing and Midwifery strategy aimed at delivering person-centred practice to our community. This strategy acknowledges the influences on Nursing and Midwifery practice and the need for our care to remain responsive within complex and changing healthcare environments.

Without doubt the last three years have demonstrated the ability of Nurses and Midwives to demonstrate strength, capability, compassion and the ability to work in ways that put people at the centre. The development of this strategy has provided the Directors of Nursing and Midwifery, along with Nursing and Midwifery leaders from across South Eastern Sydney Local Health District (SESLHD), the opportunity to acknowledge the many achievements that have been made possible through the implementation of our previous strategy Journey to Care 2015-2020. This strategic plan was underpinned by the values of care, integrity, respect, influence, innovation and inspiration – values that remain relevant in the current context and continue to provide the foundation for our behaviours and action today.

Our new strategy provides a roadmap for the future. It learns from the past and draws on the views of many of our Nurses and Midwives in shaping the future direction of Nursing and Midwifery within SESLHD. We will provide compassionate and respectful care that prioritises the unique goals, expectations and experiences of each person, as we develop healthful cultures where people are at the centre supported by collaborative relationships, leadership and innovation.

The approach to developing the strategy was underpinned by principles of collaboration, inclusion and active participation. This was an iterative process aimed at building consensus, beginning with the Directors of Nursing and Midwifery (DONM) across SESLHD, followed by a series of engagement events. This enabled a diverse range of stakeholder groups to shape the overall vision and strategic priorities for Nursing and Midwifery for the next 3-5 years. The strategy was reimagined through the lens of the Person-Centred Practice Framework (McCance & McCormack 2021) facilitated and supported by Professor Tanya McCance, a recognised expert in the field of person-centred practice. We are grateful to those who have been generous with their time and contributed to the development of our new strategy.

The Nurses and Midwives of SESLHD will ensure that the people for whom we provide care continue to experience exceptional person-centred care that is safe, high quality and compassionate. This plan provides a solid foundation for supporting each other to reach our potential, focus on what matters most and continue to be innovative in approaches to practice.

Kate Hackett

Director of Nursing and Midwifery, SESLHD



Setting the context



Nursing and Midwifery across SESLHD has a rich history in developing strategies that reflect innovation, creativity, and compassion in the way we provide care, and how we work in supportive teams that focus on individuals reaching their full potential.

The development of caring cultures that place people at the centre has been well established across SESLHD. This emphasises the importance of treating each other as individuals, respecting personal beliefs, hopes and preferences, with an emphasis on kindness and what really matters to the person. We have embraced the development of safe person-centred compassionate care through engaging with the Heart of Caring Framework (Murray & Tuqiri, 2020) that has guided the promotion of human-to-human connections, engaging effectively as teams, promoting self-care and well-being, and creating positive workplace cultures.

The last three years have challenged Nurses and Midwives across the globe in ways we never thought possible. Throughout the COVID-19 pandemic we had to be responsive, adaptable, and innovative and continue to place people at the centre of everything

we do. As we work together to understand these longer-term impacts of the pandemic, we appreciate the need for rigorous approaches to practice that support safe person-centred practice and acknowledges the challenges that now face our workforce and the health care system more broadly. There is an overwhelming need to support and embrace approaches that positively impact on the well-being of Nurses and Midwives. Focusing on the development of Nurses and Midwives and ensuring all specialty areas have access to development pathways will ensure Nurses and Midwives have the skills and knowledge to remain professionally competent and flourish.

The introduction of virtual health care models and the use of technology has reshaped how we deliver care and changed the healthcare landscape for patients, families, and staff. This provides an opportunity to explore and understand the role Nurses and Midwives have in ensuring that the care provided continues to be safe and person-centred across all contexts. We continue to want to make a difference and believe that through maintaining our focus and action in the areas outlined in this strategy we will develop healthful cultures, creating positive healthcare environments for everyone.



Developing healthful cultures through the development of person-centred practice:

The voices of Professor Tanya McCance and Professor Brendan McCormack

Person-centredness is a global movement in healthcare simply because it reflects the importance of keeping people at the centre of healthcare systems. It prioritises the human experience and places compassion, dignity and humanistic caring principles at the centre of planning and decision making and is translated through relationships that are built on effective interpersonal processes.

We advocate the importance of the underpinning values of person-centredness, where the core value of ‘respect for the person’ is paramount.

If we advocate for respecting the person then we need to operate within a social model of health. Social models of health recognise that our health is influenced by a wide range of individual, interpersonal, organisational, social, environmental, political and economic factors. This encourages us to have a deeper understanding of health and our ‘being’ as persons. We have argued that healthfulness is THE outcome arising from the development of person-centred cultures.

We view healthful cultures as ‘contexts that are energy-giving for the benefit of health and well-being’. Healthfulness means ensuring that the environment in which healthcare is experienced places individual health and well-being of all persons as the core concern. For healthful cultures to be achieved all persons need to be energised by the context in which they work and for that energy to connect with the personhood of all persons. This perspective on well-being ensures that person-centredness is not a uni-directional activity focusing on ensuring that service users have a good care experience at the expense of staff well-being. So, whilst many organisations might focus on ‘promoting good health’ (especially since the Covid pandemic) we suggest that this is a necessary, but insufficient condition for person-centred practice and we need to work on the development of healthful cultures in all healthcare settings.

There are challenges within healthcare systems that impact on the development of healthful cultures. A shared language is essential if we are to bring about system-wide change. Whilst person-centredness permeates healthcare strategy and policy, the reality is that often stakeholders aren't actually talking about the same thing. We also see this dilemma in the published literature with interchangeable use of terms such as relationship-centred, family-centred, patient-centred, child-centred and woman-centred, leading to arguments that person-centredness is "too difficult to define". Furthermore, we see this very issue reflected in the campaigns calling for a refocusing on compassion, caring and kindness. Whilst these are important values within healthcare systems, the challenge is how they manifest in our and other people's behaviours and the influence of attitudinal and moral factors. Furthermore, these values are only part of person-centred practice and can never replace a person-centred culture. Indeed, our research demonstrates that 'shared values' in a workplace are insufficient. A shared language is the foundation upon which a shared understanding of person-centred practice is developed, and the issues identified that need to be addressed in order to bring about sustainable change.

At a level of principle, the understanding of person-centredness is well rehearsed and involves treating people as individuals, respecting their rights as a person, building mutual trust and understanding, and developing therapeutic relationships. Central to this is our explicit focus on all people as persons and the development of cultures that promote the well-being of those delivering care as well as those receiving care. This shared understanding, however,

needs to be more than an emphasis on the commonly agreed principles that underpin person-centredness. There needs to be an understanding of how these principles can be implemented in practice in order to bring about positive outcomes, that being, the development of healthful cultures that enable flourishing for all.

We offer a unique perspective of person-centredness viewed through the lens of the Person-centred Practice Framework (McCance & McCormack 2021), which is a theoretical model developed from practice, for use in practice. The Framework has evolved over two decades of research and development activity and has made a significant contribution to the landscape of person-centredness globally. Not only does it enable the articulation of the dynamic nature of person-centredness, recognising complexity at different levels within healthcare systems, but it offers a common language and a shared understanding of person-centred practice. The Person-centred Practice Framework is underpinned by the following definition of person-centredness:

An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.

(McCance & McCormack 2017, p3)



Professor Brendan McCormack and Professor Tanya McCance

The Person-Centred Practice Framework comprises five domains:

- prerequisites, which focus on the attributes of staff;
- the practice environment, which focuses on the context in which healthcare is experienced;
- the person-centred processes, which focus on ways of engaging that are necessary to create connections between persons;
- and the outcome, which is the result of effective person-centred practice.
- Finally, these domains sit within the broader macro context (the fifth domain), reflecting the factors that are strategic and political in nature that influence the development of person-centred cultures.

The relationships between the five constructs of the Person-Centred Practice Framework are represented pictorially, that being, to reach the centre of the framework, one must first take account of the macro context, followed by consideration of the attributes of staff, as a prerequisite to managing the practice environment, and in order to engage effectively through the person-centred processes. This ordering ultimately leads to the achievement of the outcome—the central component of the framework. It is also important to recognise that there are relationships and there is overlap between the constructs within each domain. The Person-centred Practice Framework is presented in Figure 1.

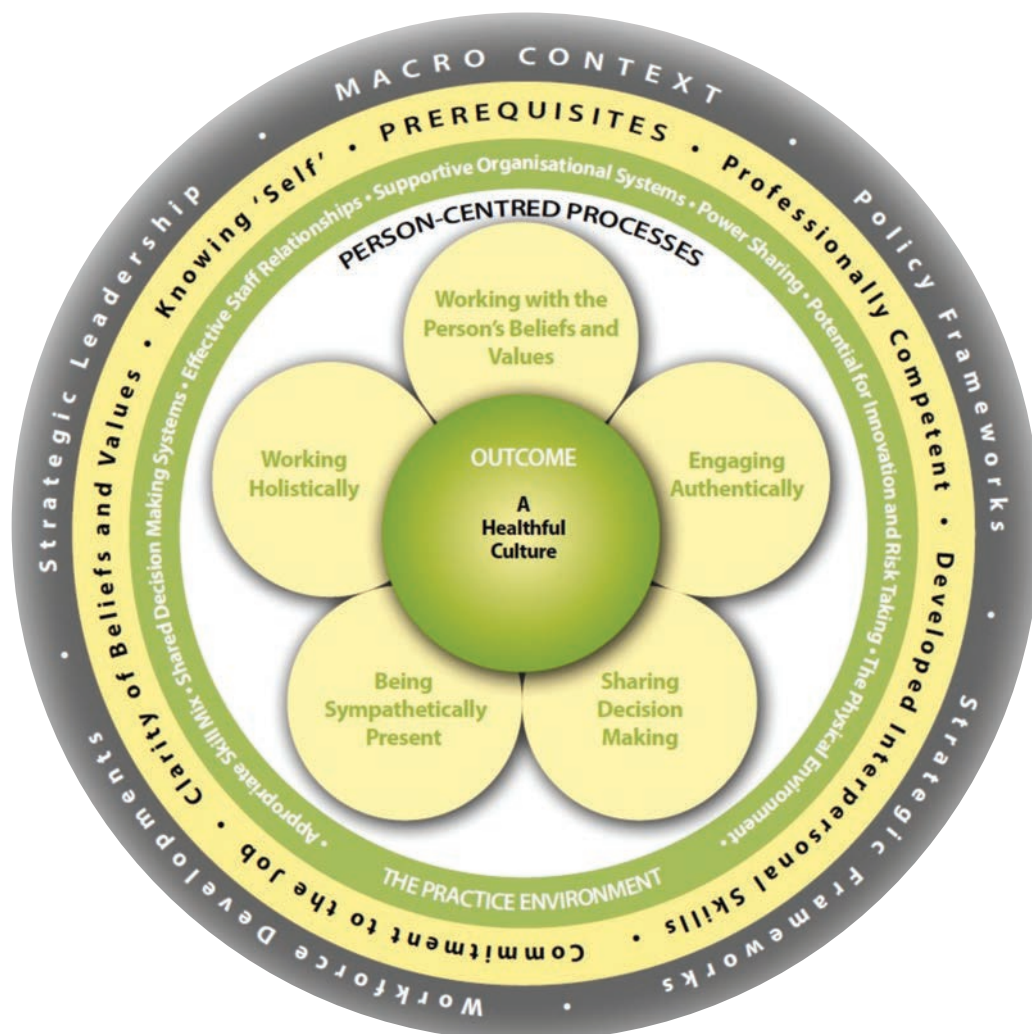


Figure 1:
Person-Centred Practice Framework



The expected **outcome** to arise from the development of effective person-centred practice is a healthful culture. A healthful culture is one in which decision-making is shared, relationships are collaborative, leadership is transformational, and innovative practices are supported. Development of a healthful culture has the potential to create conditions that enable human flourishing for those who give care and for those who receive care.

Person-Centred practice when understood as a concept that is embedded in every strategy and policy, has the potential to shape health care planning and delivery.

The Person-Centred Practice Framework is inclusive of all persons and it clearly articulates how key components can be embedded in everyday practices at macro, mezzo and micro levels of practice, with the ultimate outcome of developing a workplace

that enables human flourishing for all. However, the development and sustainability of person-centred cultures is a never-ending process and one that needs tangible and real sustained commitment from healthcare organisations. For too long, providing person-centred care has been predominantly seen as an individual practitioner responsibility without the same degree of overt corporate responsibility from healthcare organisations. The sustainability of person-centred care is dependent on the existence of person-centred cultures and without this it remains an elusive ideal that is fragile and transient in nature.

(Content drawn mainly from: McCormack B, McCance T, Bulley C, Brown D, McMillan A & Martin S (Editors) (2021) Fundamentals of Person-Centred Healthcare Practice. Oxford, Wiley-Blackwell)

Our purpose statement

The purpose of person-centred practice is to enhance the human experience. This can be achieved by co-creating positive workplace cultures to provide safe, quality and compassionate care. This will be underpinned by authentic behaviours that foster a shared understanding and innovative approaches to practice that will support positive outcomes.



Our Values

The strategy is underpinned by the following shared values which build on values that provided a foundation for the previous Nursing and Midwifery strategy *Journey to Care 2015-2020*.

CARE	To foster compassionate, dignified and respectful care that is evidence-based, in an inclusive empowering environment that displays kindness and concern towards others
INTEGRITY	To demonstrate sincerity, honesty and sensitivity in the way we act and interact with others while remaining accountable for our actions and behaviours
RESPECT	To recognise the values and beliefs of others regardless of differences
INFLUENCE	To use our ability to impact and affect the care of our patients, our peers and the wider community
INNOVATION	To lead inspired and creative practice change and embrace enquiry and critical thinking
INSPIRATION	To ignite continual growth and creativity in our actions and in the action of others
COURAGE	To be brave and lead through our use of voice and actions



Priorities areas and strategic actions

The key outcome from the development process was the identification of seven key priority areas, which are as follows:

- Developing Person-Centred Cultures
- Creating a Supportive Practice Environment
- Building Research Capacity
- Building a Dynamic Workforce
- Fostering Leadership at all Levels
- Enhancing Digital Informatics and New Technologies
- Delivering High Quality, Safe Person-Centred Care

Each priority area has a corresponding set of strategic actions, which provide the focus for action planning at district, organisation and team levels. The seven priority areas address different components within the Person-Centred Practice Framework, as illustrated in **Figure 2**. We believe, however, that the sum is greater than the individual parts and with approaches that ensure inclusion and collaboration, it will be the roadmap that leads to the creation of healthful workplace cultures.

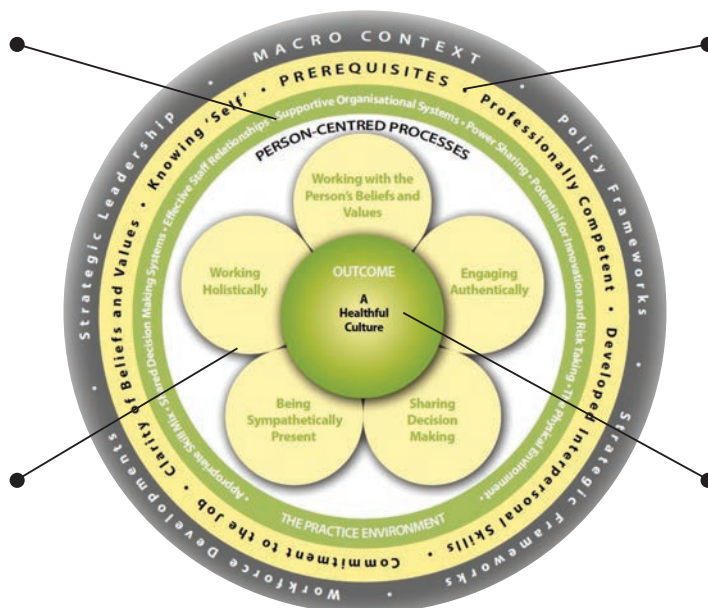
Alignment of strategic priorities to the Person-Centred Practice Framework

Practice Environment

Creating supportive practice environments

Person-Centred Processes

Delivering high quality safe person-centred care



Prerequisites

- Building a dynamic workforce
- Fostering leadership at all levels
- Embracing digital, informatics & new technologies
- Building research capacity

Outcome

Developing person-centred cultures

Figure 2:
Person-Centred Practice Framework

Priority Area: Developing Person-Centred Cultures

What is the focus?

Nurses and Midwives will develop a culture that evidences person-centred practice, is inclusive of all people, and is built on a shared understanding of their unique goals, expectations, well-being, and context. People and teams can personalise their experience and prioritise what really matters through relationships that are based on respect, integrity and trust.

Why is it important?

Placing people at the centre of all that we do and ensuring all people feel valued and respected is essential to ensure care is based on collaborative relationships and that the opportunity to reach our full potential is possible. Cultures that have people at their centre, acknowledge and work with the values of those either providing or receiving care and develop relationships based on a mutual understanding of what is important.

Strategic Actions

- Use the Person-Centred Practice Framework as the foundation for developing a shared understanding of person-centred practice
- Create a workplace culture that aligns person-centred values to positive behaviours
- Enhance relationships within and across teams through authentic engagement
- Develop approaches that support staff and prioritise their well-being



Best Practice Exemplars



Person-Centred Quality Safety & Culture Framework

The Prince of Wales Hospital Quality Safety & Culture Framework utilises person-centred approaches, facilitation and evidence sources to inform the evaluation of the care experience, prioritise quality improvement initiatives that reduce harm and improve experiences of patients, families and staff and develop person-centred cultures.

To achieve this, Prince of Wales Hospital reset the Quality Safety & Culture, introducing the framework to 55 inpatient and outpatient units to provide a consistent approach to the communication, quality of evidence and data and reporting for patients, visitors and staff. The framework focuses on ensuring clinicians have access to meaningful evidence that evaluates care and includes safety huddles, Quality & Safety Boards, Quality Audit System Data, Incident Management System (IMS+), Nurse Clinical leads program, Safety Attitudes Questionnaire, staff experience, patient experience and environmental observations. This combined consistent approach to Quality and Safety provides local teams with meaningful information to develop targeted quality improvement activities and celebrate positive outcomes for all.

The Quality, Safety & Culture Framework provides daily information to all staff and patients and provides opportunities to prioritise clinical care, experience and environment. This person-centred approach gives the whole nursing community at Prince of Wales a consistent approach in achieving our vision of "transforming person-centred care together".



The Heart of Caring Framework

The Heart of Caring Stories from Our People, Reflective Resource Book Edition 2 (SESLHD, Nursing & Midwifery Practice & Workforce Unit, 2019) is a collection of story excerpts from 'Our People'. 95 health care professionals, volunteers, consumers, board members and clerical staff shared their stories of caring and compassion.

Thematic analysis of these stories resulted in the emergence of 'The Heart of Caring Framework', which includes 4 domains/concepts (strong themes) to lead person-centred compassionate care. Stories of SESLHD people revealed that 'The Heart of Caring' to them meant providing 'person centred compassionate care' that was 'making a difference to the care experience', was 'supported by 'teamwork' and that 'self-care & well-being was essential' to enable its sustainability. The Heart of Caring Framework (Murray & Tuqiri, 2020) supports and underpins leadership development programs (module 2 of the Effective Leadership Program and the Heart of Caring -Compassionate Leadership Teams workshops) that focus on enabling the provision and leadership of person-centred compassionate care across SESLHD.

Example of a story except from the Heart of Caring reflective resource:

"Compassionate care means showing respect at all times and not making assumptions, tuning into that person's experience and not closing off to feelings is very important. Remaining open despite the fact that it might be painful at times".

Senior Clinical Psychologist | 20 Years' Experience.

Priority Area: Creating a Supportive Practice Environment

What is the focus?

Nurses and Midwives will work collaboratively to create the conditions that support person-centred practice. This requires a focus on the development of shared decision-making processes that support effective staff relationships. It also requires an understanding of the impact of both skill mix and the physical environment on how nurses and midwives organise and deliver care.

Why is it important?

Acknowledging and having an awareness of the impact of the environment in which care is delivered is essential to ensure we actively address those influences impacting on our ability to provide safe person-centred care. The impacts of our changing physical environments through significant infrastructure redevelopment needs to be considered and continually evaluated to ensure the experience of receiving and giving care remains safe and person-centred.

Strategic Actions

- Develop workforce plans that respond to emerging trends impacting on skill mix and influencing delivery of care
- Explore innovative approaches to care delivery that maximise the Nursing and Midwifery workforce
- Explore the impact of the physical environment on the care experience
- Develop mechanisms in practice that support critical reflection and shared learning within multidisciplinary teams
- Ensure Nurses and Midwives have a voice through the implementation of a framework for shared governance



Best Practice Exemplars



Point of Care Supervision Workshop - Building Capacity in our Nurses and Midwives

SESLHD recognised that effective clinical supervision at the point of care enables health professionals working across different disciplines to practice effectively, ultimately delivering safe, compassionate and quality care. We recognised that supporting teaching and learning for Nurses and Midwives in the workplace is crucial for building a skilled workforce.

In 2014, the Nursing and Midwifery Practice and Workforce Unit, in collaboration with the Nurse Managers of Education, developed a 2-day clinical supervision at point of care workshop. Since its inception, more than 1000 Nurses and Midwives have attended.

Collective evaluation data of the participants' level of understanding and level of confidence in the core topics and concepts of clinical supervision both pre and post workshops, demonstrate distinct increases in both understanding and confidence. Key areas of learning include giving effective feedback, enabling others, managing challenges and improved self-confidence.

Participants describe having a deeper understanding of clinical supervision and their role as a supervisor, *"I understand the importance of looking after new staff, my plan is to be welcoming to all new staff on the ward and make everyone feel part of the team"*.

Others felt they were more confident, able to take skills back to their workplace *"my plan is to supervise staff in a way which still makes them feel valued while ensuring the patient care is safe and kind"*.

This wonderful workshop has enabled the building of a capable Nursing and Midwifery workforce with the central focus of creating safe and person-centred cultures. It has allowed Nurses and Midwives to flourish, whilst giving them a voice in supporting and engaging others.

The focus is now to provide further learning opportunities that will support our staff as we rebuild the workforce, focused on preceptor models and clinical reflective supervision.

Best Practice Exemplars



Creation of Debrief Tools Across Mental Health Services to Ensure Appropriate Follow Up After an Incident

Debriefing has become an integral part of working within contemporary mental health services. Debriefing can help to reduce the possibility of psychological harm by providing the opportunity to talk about what has happened. Facts of the incident are reviewed, observations are made and accepted, and misconceptions can be corrected. Information gathered from debriefs can be used to analyse the critical event and help prevent similar incidents from happening in the future. South Eastern Sydney Mental Health Service formed a working party of senior clinicians to develop standardised debrief tools to be used for staff, consumers and carers across the district, following a critical incident.

The tools would help clinicians to explore contributing factors and provide everybody a chance to offer their perspective. The nature of the care delivered by mental health services increases the likelihood that staff and consumers will witness traumatic events.

Ensuring a consistent debriefing practice is imperative in protecting them from distress and burnout. *“Debriefs are a time to allow staff to critically reflect on events, celebrate the gains and work on improving our service for our consumers”* –Clinical Nurse Consultant. Mental Health staff from across the local health district have begun to use the same standardised debrief tools which means that you can expect to receive the same response following an incident, no matter which hospital you visit. The next step will be ingraining the tools in culture so that debriefing becomes the norm.

Priority Area: Building Research Capacity

What is the focus?

Nurses and Midwives will develop collective expertise contributing to a sustainable research culture, enabling the generation and translation of knowledge that can support exceptional care. There is a need to continue to develop Nurses and Midwives to lead and support research initiatives that will continue to shape clinical practice and workforce development. This will include partnering and participating in all types of research and in collaboration with key partners.

Why is it important?

Developing and supporting Nurses and Midwives to be curious and evaluate practice using a research process will enable the translation of best practice evidence into our care. Ensuring Nurses and Midwives have the skills, resources and confidence to actively engage in research and development activities is the first step in creating a culture that is evidence-based and innovative.

Strategic Actions

- Ensure equity of access to learning opportunities for the development of research knowledge and skills
- Develop communities of practice to support Nursing and Midwifery researchers
- Establish pathways that support the development of clinical academic careers
- Increase awareness and access to research funding opportunities that support collaboration with a range of partners
- Utilise evidence to develop person-centred practice
- Celebrate and disseminate the outcomes from research and development



Best Practice Exemplars



Accelerate and Accelerate Plus

Assessment and Communication Excellence for Safe Patient Outcomes

Accelerate was first piloted at Prince of Wales Hospital in 2021 with the trial expanded to also include The Sutherland Hospital and St George Hospital as the Accelerate Plus study launched in December 2022. The program aims to implement and evaluate the effectiveness of ward-level interventions throughout a patient's stay to improve comprehensive, systematic patient assessment by nurses and to enhance clinical handover to reduce medical emergencies and hospital acquired complications.

The study is being conducted in eight hospitals throughout NSW and Victoria. The focus is on increasing nurse capabilities in the areas of physical assessment and communication with colleagues, families and multidisciplinary teams involved in patient care. Accelerate Plus is a stepped wedge cluster randomised control study that will be conducted over a 12 month period and rolled out separately through ward areas. The study aligns with the District Strategy of delivering high quality, safe and person-centred care and the National Quality and Health Care Standards.

Priority Area: Building a Dynamic Workforce

What is the focus?

Nurses and Midwives will remain responsive, connected and engaged through focusing on innovative approaches required to develop Nursing and Midwifery careers and providing opportunities for staff to excel. This requires Nurses and Midwives to have learning resources that are easily accessible and appropriate, integrating both theory and practice. This will be enabled by working environments that are conducive to the growth and development of a supportive individual and team experience.

Why is it important?

The Nursing and Midwifery workforce provide the foundation of our healthcare system. To ensure we attract and retain Nurses and Midwives in SESLHD we must invest in and ensure clearly defined professional career pathways exist that support work-based learning and the development of skills and knowledge required to work in a range of care environments.

Strategic Actions

- Explore flexible and innovative approaches to education
- Develop Nursing and Midwifery professional & career development pathways
- Foster collaborative partnerships with external education providers
- Ensure adequate investment in resources for staff to undertake educational and professional development
- Develop processes and opportunities for the development of Nurses and Midwives to work to their full scope of practice



Best Practice Exemplars



Career Speciality Pathways for Nurses

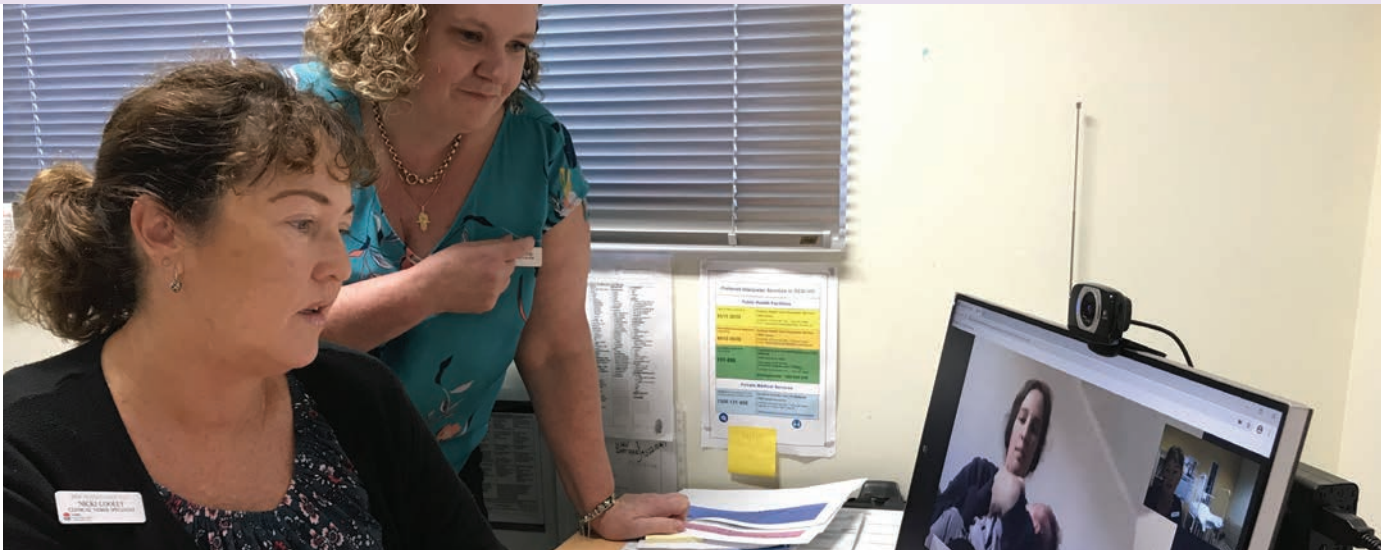
Sydney Hospital/Sydney Eye Hospital Nurses are supported from orientation to Year Five+ through Nursing Career Speciality Pathways—a program which provides and facilitates professional development, tailored to individual skills and capabilities, with recognition of prior learning. Reflecting the core service areas of the hospital, Nurses are offered pathways in the specialities of Ophthalmology, Hands, Anaesthetics, Scrub Scout and Post Anaesthetic Care Unit, Emergency and Acute Care Nursing.

Sequenced learning and development requirements facilitate attainment of competence, the core of the program in the first few years. Pathways are incorporated into the staff member's Annual Professional Development Review to promote accountability of individual's development and to facilitate organisational support for Nurses' learning and development goals.

Within the pathways, an opportunity to engage in a two-year Nurse Specialist Program (NSP) is offered as a workplace learning program, scaffolded by tertiary post graduate specialist education. NSPs are offered within the specialities of Ophthalmology, Anaesthetics, Scrub Scout and Post Anaesthetic Care Unit, Emergency and Acute Care Nursing. Additionally, NSPs involve leading quality improvement projects, supporting both Nursing professional development and organisational goals. Journaling by participants and clinical supervision to support reflective practice on person-centred care, are integral to the two-year programs.

A current Ophthalmology NSP (ONSP) participant shared this reflection:

“The ONSP has been an in-depth and very fulfilling professional development journey for me to undertake. It has provided me diverse ophthalmology nursing experience and a wider understanding and appreciation, not only of different eye conditions, but also the extensive expert health care involved in caring for our patients. I’m very fortunate to be part of the ONSP.”



Turning Back the Clock on an Ageing Nursing Workforce: a Case for Change

A SESLHD Nursing and Midwifery workforce snapshot in 2017 identified a disproportionately ageing Nursing workforce in Child & Family Health (CFH), with 68% aged between 50 and 65 years. With an anticipated population increase of 20% across the District by 2027, and a predicted 40% retirement rate amongst current staff, it became evident that by 2025 we would no longer have the capacity to provide the current service or meet the community's needs.

Child & Family Health Nurses are a specialised workforce with rigid entry pathways, due to the sole practitioner nature of the work. Nurses must achieve a Graduate Certificate in CFH prior to employment, with limited tertiary centres offering the course, only available to Registered Nurses. Currently, there are significant challenges statewide in recruiting experienced CFH Nurses leaving a significant workforce gap and chronic vacancies.

In 2019, the case for change was presented at the Community Health Peak forum and the State-wide Directors of Nursing and Midwifery. Our service was among the first to introduce a pathway for Single Registrant Midwives who had either enrolled in or completed the CFH Graduate Certificate, into CFH. The Clinical Nurse Consultant (CNC) conducted curricular mapping for both Registered Nurses (RNs) and Registered Midwives (RMs) to assist in developing a midwifery focussed orientation and

learning package. Changes were made to position numbers and position descriptions, inclusive language was embraced across our service. Concurrently, we commenced both transition to professional practice placements to provide a three-month taster in CFH and student placements over the 12-month duration of the Graduate Certificate course. Both GradStart and student positions were created utilising longstanding vacancies within the service. In doing so we have created the next generation of CFH Nurses and Midwives, aligning with the Exceptional Care, Healthier Lives Strategic Plan 2022-25 priority areas of Supporting Teams to Thrive and Shaping the Future.

In 2021, the service conducted another mini workforce snapshot to evaluate the outcome of the strategies implemented. It revealed that 43% of Nurses were aged between 30-50 years and 40% over 50 years. The age spread is now more even and is consistent with other SESLHD workforce data.

All three programs - direct entry Midwives, GradStart and student positions - were successfully implemented with most staff either enrolling in the Graduate Certificate course or gaining permanent employment upon completion of their course. Our next goal is to implement a paediatric new graduate rotation placement in partnership with our maternity and paediatric facilities, to further encourage and support a career pathway into CFH for the next generation of Nurses and Midwives.

Priority Area: Fostering Leadership at all Levels

What is the focus?

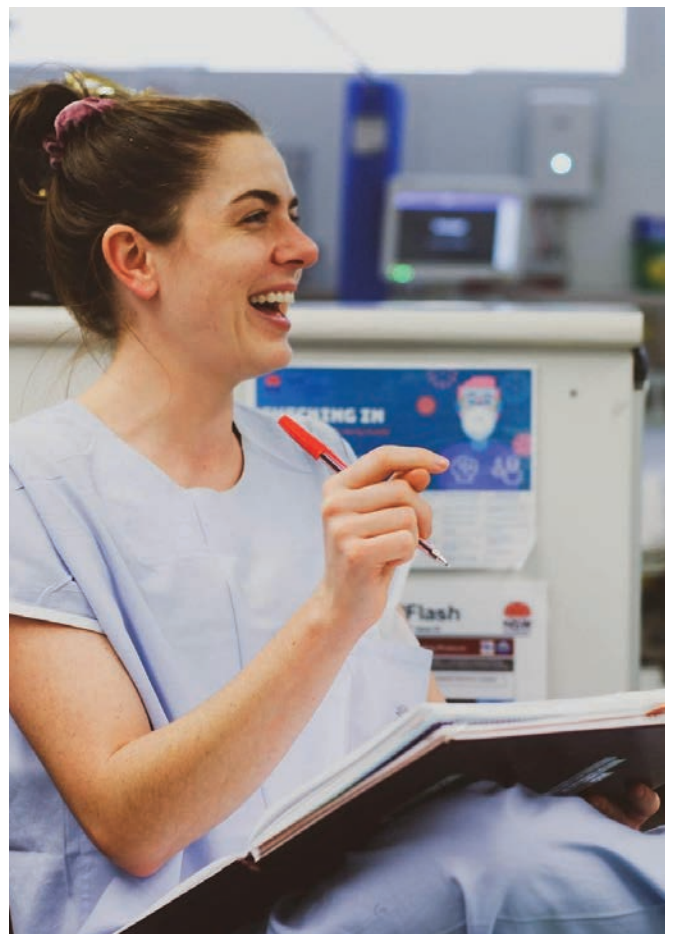
Nurses and Midwives will lead, inspire and influence regardless of the role and setting they work in to create healthful cultures. This will be achieved by investing in more creative and effective ways of developing and supporting leaders. Nurses and Midwives will feel valued and respected and will have permission to lead and transform person-centred practice. This will be achieved by investing in a culture of recognition, developing a strong Nursing and Midwifery voice and acknowledging the achievement of our leaders.

Why is it important?

Leadership provides the opportunity to influence and advocate for what is important. We require leaders at all levels who have shared understanding of our values and the behaviours and actions that support person-centred practice. Through leadership we will develop a shared understanding of the importance of creating healthful cultures for all people.

Strategic Actions

- Develop compassionate and person-centred leaders
- Support clinical leaders to work towards creating and supporting person centred cultures
- Invest in mentorship for all Nursing and Midwifery leaders
- Celebrate and recognise the contribution of current and emerging leaders



Best Practice Exemplars



Effective Leadership Program (ELP)

“Leadership is considered pivotal for enabling the development and preservation of kind, compassionate healthcare organisations.” -NSW Ministry of Health (Elevating the Human Experience, 2020).

In SESLHD, we know that if we want our patients to experience kindness and compassionate care in their treatment, then the staff who deliver the care must experience the same kindness and compassion in the way that they are managed and led (Kings Fund, UK, 2017). Compassionate leadership can influence and inspire a shared vision, creating a workplace culture where people flourish and well-being is a priority. The Effective Leadership Program enables leaders and future leaders to develop the skills, attitudes and behaviours that drive safe, compassionate and person-centred health care delivery.

In partnership with the University of Wollongong, facilitators work alongside leaders from all areas of our organisation to explore how their values influence their wider teams and healthcare delivery.

ELP is a 12-month program that is underpinned by an academic framework, it leverages the principles of adult and active learning to stimulate critical enquiry and to promote evidence-based practice in all aspects of our work. Using both workshop and self-directed learning formats, individuals are guided through experiential learning opportunities that enhance knowledge and awareness of self, others and wider systems.

2022 Participant:

“ELP has been such an empowering and inspiring journey. It has given me so many tools to use as part of my leadership and professional development as a leader. The educators were so supportive. Their personal stories, reliability and passion in leadership shines through in the sessions. Overall, a fantastic experience and an invaluable experience.”

Best Practice Exemplars



The Emerging NUM/MUM Program – Enhancing and Expanding Leadership Skills

Effective clinical leadership is required to lead and develop sustainable high performing teams and person-centred cultures. Nursing and Midwifery Unit Managers (N/MUMs) as front-line leaders are required to manage complex dynamic situations and create environments which support and enable staff to achieve professional, high standards of patient care. The programs at Prince of Wales Hospital, The Sutherland Hospital and St George Hospital aim to develop a skilled cohort of leaders and use a person-centred multifaceted approach to support the development of Nurses and Midwives in their leadership journey.

The N/MUM requires organisational support to develop a wide range of skills and support networks. Leadership, staff engagement, creating innovative change, and developing themselves, are required to enable care to be delivered with warmth, empathy and compassion. Leadership which creates a positive workplace culture is positively linked to improved patient and staff outcomes.

The program provides an intensive training period, self-assessment opportunities and N/MUM experience through mentoring, shadowing, and secondments in various N/MUM positions.

A recent emerging NUM stated

“I have now a greater awareness of how the hospital runs and with the support of my mentor I am much more confident in handling all the different management issues a NUM has to deal with.”

The program is embedded at all three facilities with exceptional success, seeing all participants engage in a leadership opportunity, either as a secondment or as a permanent role. The program's greatest efficiency is preparedness and sustainability of the leadership workforce while future proofing the nursing leadership workforce.

Priority Area: Enhancing Digital Informatics and New Technologies

What is the focus?

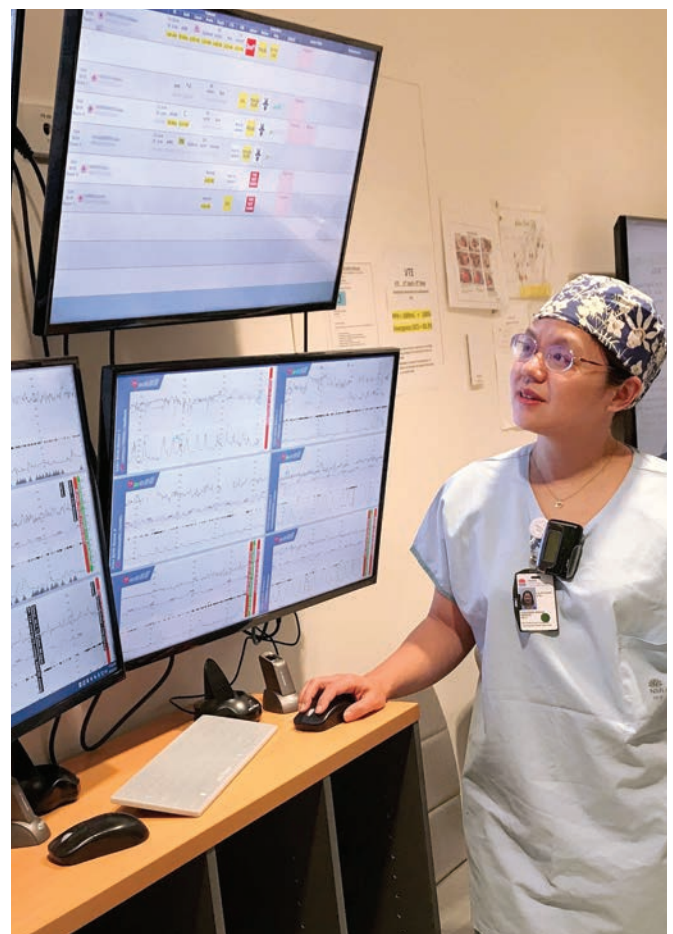
Nurses and Midwives will embrace digital, informatics and innovative technologies and incorporate these into clinical practice, whilst maintaining a central focus on person-centred therapeutic relationships. This ensures Nurses and Midwives have the data and resources to continue to provide evidence-based, safe, quality, cost-effective and outcome-focused care for people into the future.

Why is it important?

The impact of technology and rapid development of virtual healthcare models requires Nurses and Midwives to explore the implications for their practice. Nurses and Midwives need to understand the role they have in ensuring the use of technology is balanced with providing care that is compassionate and considers the individual needs of everyone.

Strategic Actions

- Establish pathways for Nurses and Midwives to develop capability including enhanced digital literacy and skills in data analysis
- Ensure equity and access to current, future and emerging digital technology resources for the Nursing and Midwifery workforce
- Utilisation of data to enable innovation, improvement, research and evaluation to support person-centred practice
- Enhance stakeholder engagement and collaboration in the development and implementation of new technology and digital informatics
- Ensure integration of digital systems to support Nurses and Midwives to enhance person-centred practice



Best Practice Exemplars



Diabetes Virtual GDM Model of Care

Barriers to accessing care for women with Gestational Diabetes was evident early on in the COVID pandemic. The Diabetes Education Centre made available to women newly diagnosed with Gestational Diabetes, a virtual model of care as an alternative to attendance at the Diabetes Education Centre. Women meeting the inclusion criteria (familiarity and access to technology, low urgency for care, no interpreter required) are provided with written and video information, including a Gestational Diabetes information pack. Diabetes Educators and Diabetes Dietitians developed a slide pack which they deliver in the virtual space to small groups.

A partnership was formed with two local pharmacies who provide women with a blood glucose meter, the Gestational Diabetes information pack and support the application for the National Diabetes Services Scheme application form so that women do not have to attend the hospital.

The Diabetes Education Centre offers two virtual care consultations with a Diabetes Educator and two consultations with Diabetes Dietitians per week. The women have embraced the new technology and respond well to the offer of virtual care for convenience & the opportunity to receive information about self-management which can be accessed at their own learning pace. A recent survey of satisfaction with the modality of education highlighted some areas for improvement in selection criteria and follow up contact post education. The model has been sustained and is one of several options for initial education offered to women.



Hospital in the Home (HiTH) Virtual Infuser Model of Care – Embracing Digital, Informatics New Technologies.

The HiTH service, alongside the Infectious Diseases Team, led the COVID-19 Telehealth Assessment Clinic. These experiences led to the idea that management of a variety of Infectious Diseases could be enhanced by incorporating virtual care. A HiTH Virtual inpatient model of care, overseen by the Infectious Diseases Team was developed and implemented running parallel to the HiTH model.

This program streamlines services for administration of intravenous (IV) antibiotic infusions by allowing suitable patients to self-manage the administration of antibiotic infusers prescribed and supplied by the hospital. It is designed to allow patients requiring IV antibiotics to self-administer their treatment at home and away from the acute setting, whilst being provided with Nursing and Medical telehealth support.

All patients are provided with education and support in the use of the provided blood pressure machines, pulse and oxygen oximeters. The team provides innovative and holistic care to patients, which has emphasised patients' autonomy and partnership with their health care providers in delivering care. This has led to more efficient care and has been received positively by the patients on the service. Patients report the best thing is *“being able to access medical help in the comfort of my home”* and *“being able to stay at home and not have to prepare myself and newborn to go out or travel to the hospital”*.

Virtual Care helps ensure and maintain patients' access to acute care despite medical and holistic factors. Our hope through this new model of care is to empower patients to take a leading role in the delivery of their care, whilst also empowering other services to think outside the box and pave the way to establish innovative, new models of care.

Priority Area: Delivering High Quality, Safe Person-Centred Care

What is the focus?

Nurses and Midwives will utilise the available evidence to evaluate their person-centred practice that is inclusive of all people and ensure there is a shared understanding of their unique goals, expectations, well-being and context. People and teams can personalise their experience and prioritise what really matters to them ensuring safe practice for all.

Why is it important?

Nurses and Midwives are influential in shaping a culture focussed on patient safety, whilst maintaining positive and healthful relationships with those they provide care for. The ability to evaluate their care and articulate the difference they make to the lives of others is pivotal. Nurses and Midwives need to be able to make meaning of their practice through focusing on clinical outcomes, experience of care and the impact of the care environment, which is essential for supporting improvement and innovation.

Strategic Actions

- Ensure that the person is at the centre of what we do by providing access to holistic care that is flexible, coordinated and collaborative
- Create the conditions to utilise evidence to assist in developing and delivering person-centred, high quality and safe care
- Explore innovative approaches to communicating and evaluating the care experience of people
- Develop mechanisms that support all Nurses and Midwives to flourish through self-development and enhanced self-awareness as a foundation for delivery of person-centred care
- Create cultures that inspire creativity and innovation in care delivery



Best Practice Exemplars



“This is me...” – a person-centred approach

People living with dementia can have challenges in communicating their wishes. As residents are admitted to Garrawarra Centre and this becomes their new home, it is common for them to experience an increase in distressing symptoms. Our “This is me.....” tool was developed to assist staff to be aware of and manage distress and aggression with a person-centred approach.

The information needed by staff include residents likes and dislikes, things that may cause them distress, behaviours they may exhibit when distressed, and the strategies that will ease their distress and keep the resident and staff safe. In order to provide high quality, safe and person-centred care, we developed a profile for each of our residents. This information is written on one page in plain English, without medical terms or acronyms so that all staff can read and understand. It is written in the first person, as though the person is directly telling staff what their experience is. This builds a person-centred approach and provides a valuable insight into the person. Staff report their knowledge of the residents they care for has increased, and they are more aware of triggers and strategies to comfort the resident.

The “This is me...” tool has enhanced the ability of staff to provide genuine person-centred care, thereby increasing the resident’s quality of life. Incidents and distress are managed more confidently and effectively, and safety for all is improved. We will continue to embed this in our practice, reviewing and updating monthly and creating this for new residents.

Best Practice Exemplars



MAPS (Midwifery Antenatal Postnatal Service) Midwifery Model of Care

Maternity models within SESLHD vary greatly in providing care for all levels of required expertise. Women want services that reflect their views and expectations, and there is a growing body of evidence that shows that continuity of care improves satisfaction and clinical outcomes for women, along with cost effectiveness for facilities.

A new MAPS model was developed to articulate with existing services providing antenatal & postnatal care from a known Midwife to all women not receiving MGP (Midwifery Group Practice). MAPS results in continuity of care, increased satisfaction (for Midwives and women), improved clinical outcomes, decreased maternal postnatal distress, reduced length of stay and associated financial burden and increased links with community services. It enables women to have a primary Midwife whilst also working collaboratively with the multidisciplinary team in both acute and community settings. Women are actively involved in their care planning and are supported throughout the pregnancy and postnatal continuum of care with Midwifery expertise.



The Geriatric Flying Squad (GFS)

The UWMH Geriatric Flying Squad (GFS) are one of the SESLHD GFS teams that provides a sub-acute, rapid response and specialised geriatric multidisciplinary outreach for clients living in their own home or in residential aged care facilities. The GFS provides a rapid response arm, bridging the gap between emergency and acute in-hospital services, and other community and outpatient services for those not at immediate risk of hospitalisation.

As the service has evolved, we have strengthened our reciprocal referral pathways with emergency responders including New South Wales Ambulance, Police, and Fire and Rescue. These innovative pathways and models of care have been developed to improve access to multi-disciplinary services for vulnerable community dwelling older people with the intent of improving health and quality of life outcomes by providing an alternative to hospital admissions.

The capability of the GFS service to respond rapidly allows the older person to access timely and high quality support in the comfort of their own home and facilitates the delivery of less fragmented care including the ability for GFS to facilitate direct admissions direct to acute care and sub-acute rehabilitation (and bypass the Emergency Department) as needed, coordinate community support and liaise with the consumer's general practitioner. There is also the benefit to the emergency services, whereby frontline resources are freed up to respond to actual emergencies within the community, better utilising finite resources.

Implementation and Evaluation

The underpinning principles of collaboration, inclusion and active participation will continue to be the foundation for achieving the vision set out in this Nursing and Midwifery strategy. Whilst effective implementation will require a degree of consistency across the facilities within SESLHD in order to deliver high quality person-centred care, opportunities to be creative and innovative will be encouraged and promoted. Implementation will be taken forward through the development of a shared governance framework that will enable everyone to have a voice and actively contribute to the ongoing development of nursing and midwifery practice across SESLHD. Structures will be established at district level, organisational level and at clinical level with clear lines of accountability. This will support a solution focused approach and promote shared learning and best practice.

Monitoring of progress and evaluation of impact will be integral throughout the life of this strategy. A composite set of high-level outcomes have been identified across the strategic priority areas that are relevant for those receiving care (patients, families and carers) and those delivering care (Nursing and Midwifery teams). This will influence the development of an assurance/excellence framework that will serve as both a means of celebrating the contribution of Nursing and Midwifery, whilst also driving quality improvement activities across SESLHD.

High level outcomes

For patient, families and carers

Data that will evidence:

- Safe high-quality Nursing and Midwifery care
- A positive patient experience
- Improved clinical outcomes

For nursing and midwifery teams

Data that will evidence:

- Enhanced understanding of person-centredness in practice
- A skilled workforce
- A workplace culture that reflects person-centred values e.g.
 - Effective team work
- A positive staff experience e.g.
 - High levels of job satisfaction
 - Enhanced staff well-being
 - An engaged workforce
- Retention of staff
- Engagement in innovations and new technology
- Effective external partnerships



Closing

We are committed to working collaboratively and to provide assurance that this strategy will be an active document that will support the foundations for our actions, behaviours and future direction.

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Nursing & Midwifery

Our Strategy for Transforming Person-Centred Cultures 2024-2029

■ **Our purpose** The purpose of person-centred practice is to enhance the human experience. This can be achieved by co-creating positive workplace cultures to provide safe, quality and compassionate care. This will be underpinned by authentic behaviours that foster a shared understanding and innovative approaches to practice that will support positive outcomes.



■ Priorities areas and strategic actions

Developing Person-Centred Cultures	<ul style="list-style-type: none"> ■ Use the Person-Centred Practice Framework as the foundation for developing a shared understanding of person-centred practice ■ Create a workplace culture that aligns person-centred values to positive behaviours ■ Enhance relationships within and across teams through authentic engagement ■ Develop approaches that support staff and prioritise their well-being 	Creating a Supportive Practice Environment	<ul style="list-style-type: none"> ■ Develop workforce plans that respond to emerging trends impacting on skill mix and influencing delivery of care ■ Explore innovative approaches to care delivery that maximise the Nursing and Midwifery workforce ■ Explore the impact of the physical environment on the care experience ■ Develop mechanisms in practice that support critical reflection and shared learning within multidisciplinary teams ■ Ensure Nurses and Midwives have a voice through the implementation of a framework for shared governance 	Building Research Capacity	<ul style="list-style-type: none"> ■ Ensure equity of access to learning opportunities for the development of research knowledge and skills ■ Develop communities of practice to support Nursing and Midwifery researchers ■ Establish pathways that support the development of clinical academic careers ■ Increase awareness and access to research funding opportunities that support collaboration with a range of partners ■ Utilise evidence to develop person-centred practice ■ Celebrate and disseminate the outcomes from research and development 	Building a Dynamic Workforce	<ul style="list-style-type: none"> ■ Explore flexible and innovative approaches to education ■ Develop Nursing and Midwifery professional and career development pathways ■ Foster collaborative partnerships with external education providers ■ Ensure adequate investment in resources for staff to undertake educational and professional development ■ Develop processes & opportunities for the development of Nurses & Midwives to work to their full scope of practice 	Fostering Leadership at all Levels	<ul style="list-style-type: none"> ■ Develop compassionate and person-centred leaders ■ Support clinical leaders to work towards creating and supporting person centred cultures ■ Invest in mentorship for all Nursing and Midwifery leaders ■ Celebrate and recognise the contribution of current and emerging leaders 	Enhancing Digital Informatics and New Technologies	<ul style="list-style-type: none"> ■ Establish pathways for nurses and midwives to develop capability including enhanced digital literacy and skills in data analysis ■ Ensure equity and access to current, future and emerging digital technology resources for the Nursing and Midwifery workforce ■ Utilisation of data to enable innovation, improvement, research and evaluation to support person centred practice ■ Enhance stakeholder engagement and collaboration in the development and implementation of new technology and digital informatics ■ Ensure integration of digital systems to support Nurses and Midwives to enhance person centred practice 	Delivering High Quality, Safe Person-Centred Care	<ul style="list-style-type: none"> ■ Ensure that the person is at the centre of what we do by providing access to holistic care that is flexible, coordinated and collaborative ■ Create the conditions to utilise evidence to assist in developing and delivering person centred, high quality and safe care ■ Explore innovative approaches to communicating and evaluating the care experience of people ■ Develop mechanisms that support all Nurses and Midwives to flourish through self-development and enhanced self-awareness as a foundation for delivery of person-centred care ■ Create cultures that inspire creativity and innovation in care delivery 	CARE	INTEGRITY	RESPECT	INFLUENCE	INNOVATION	INSPIRATION	COURAGE
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■ Our Nursing & Midwifery Values

- CARE
- INTEGRITY
- RESPECT
- INFLUENCE
- INNOVATION
- INSPIRATION
- COURAGE

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Nursing & Midwifery

Our Strategy for Transforming
Person-Centred Cultures
2024-2029
